

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

APR 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10501

Registration District No. 124

Primary Registration District No. 3009

Registrar's No. 93

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU
(b) City or town Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SAINT FRANCIS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 yrs. (Specify whether years, months or days)
In this community 25 yrs.

3. (a) PRINT FULL NAME WILLIAM CATHAN ENGLISH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife MARY 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 1 1879
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 2 If less than one day hr. _____ min. _____

9. Birthplace JACKSON MO
(City, town, or county) (State or foreign country)

10. Usual occupation GARAGE MECHANIC

11. Industry or business AUTOMOTIVE

12. Name ALBERT ENGLISH

13. Birthplace JACKSON MO
(City, town, or county) (State or foreign country)

14. Maiden name TOBIE LINK

15. Birthplace JACKSON MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank English

(b) Address Cape Girardeau Mo

17. (a) Buried (b) Date thereof 3 5 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Bentley-Howell

(b) Address Cape Girardeau Mo

19. (a) 3-3-40 (b) M. A. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 7 N. Benton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1940 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to 3/3, 1940
that I last saw him alive on 3/3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 18 mo.

Due to Arterial hypertension 18 mo

Due to Arterial sclerosis 18 mo

Other conditions no 93C
(Include pregnancy within 3 months of death)

Major findings: Of operations no operations

Of autopsy no autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. A. Pitter, M. D. (M. D. or other) 1

Address CAPE GIRARDEAU MO Date signed 3/3/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.